

Case Number:	CM15-0053415		
Date Assigned:	03/26/2015	Date of Injury:	02/19/2013
Decision Date:	05/14/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 44-year-old male who reported an injury on 02/19/2013. The mechanism of injury was not specifically stated. The current diagnosis is status post posterior lumbar interbody fusion at L5-S1 on 11/08/2014. The injured worker presented for a follow up evaluation on 01/23/2015. The injured worker reported 7/10 low back pain and 8/10 left lower extremity pain. The injured worker is utilizing Synthroid as well as metformin. Upon examination of the lumbar spine, there was a healing surgical scar in the posterior lumbar region, swelling of the lymph nodes, tenderness in the paraspinal musculature, midline tenderness, positive muscle spasm in the lumbar region, slightly abnormal sensation to pinwheel, normal motor strength, 2+ deep tendon reflexes, and normal circulation in the lower extremities. Recommendations at that time included physical therapy for the lumbar spine, acupuncture treatment for the lumbar spine, diclofenac XR 100 mg, gabapentin 600 mg, Synthroid 0.75 mg, metformin 500 mg, Norco 10/325 mg, and x-rays of the lumbar spine. A Request for Authorization form was then submitted on 01/23/2015.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical Therapy, Lumbar Spine 8 visits: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10.

Decision rationale: The California MTUS Guidelines state, the Initial course of therapy means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Post-surgical treatment following a lumbar fusion includes 34 visits over 16 weeks. The patient underwent a posterior lumbar interbody fusion on 11/08/2014. The request was previously denied as there was no mention of the number of postoperative physical therapy sessions already completed. However, according to the progress note on 01/23/2015, the patient had not begun a course of postoperative physical therapy. The current request for 8 sessions of physical therapy does fall within Guideline recommendations. Therefore, the request is medically appropriate.

Acupuncture, Lumbar Spine 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. The current request for 8 sessions of acupuncture exceeds guideline recommendations. As such, the request is not medically appropriate at this time.

Synthroid 0.75mg, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Updated: 24 April 2015.

Decision rationale: According to the U. S. National Library of Medicine, levothyroxine is used to treat hypothyroidism. There was no documentation of any recent laboratory testing indicating hypothyroidism or an appropriate range of the thyroid level following maintenance with Synthroid 0.75 mg. As this is a nonindustrial condition, this hypothyroidism should be treated and this medication should be prescribed by the primary care physician. There was also no frequency listed in the request. Given the above, the request is not medically appropriate at this time.

Metformin 500mg, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Updated: 24 April 2015.

Decision rationale: According to the U. S. National Library of Medicine, metformin is used alone or with other medications, including insulin, to treat type 2 diabetes. In this case, this injured worker has continuously utilized the above medication for industrially related diabetes. There was no documentation of an adequate control of the injured worker's blood glucose. Ongoing monitoring was not documented. The medical necessity has not been established. In addition, there was no frequency listed in the request. As such, the request is not medically appropriate.

